Periscope

Neurologisches Centralblatt

(Vol. 25, No. 1, Jan. 2, 1906.)

1. Concerning Fibrillar Structures of Progressive Paralysis. K. SCHAFFER.
2. Associated Nystagmus. STRANSKY.
3. Arsenical Neuritis. J. CRUZEN.
4. Sudden Death in Tabes. HIRSCHBERG.

1. *Progressive Paralysis.*—Not suited to abstracting.

2. *Associated Nystagmus.*—Stransky described under this term in 1900, a nystagmus of the eyeballs which was obtained by forcing the eyelids apart, the patient endeavoring to close them. He does not consider this of reflex origin, but likens it to the fluttering of the eyelids in neurotic individuals, and explains it by the transmission of impulses from the facial and ocular nuclei to the posterior longitudinal bundle.

3. *Arsenical Neuritis.*—The author records a case of arsenical neuritis in which the source of infection was through the skin of the hands.

4. *Sudden Death in Tabes.*—Hirschberg records a case of sudden death in a tabetic probably due to an endarteritis of one of the bulbar arteries, affecting the heart center. There was no autopsy.

(Vol. 25, No. 2, Jan. 16, 1906.)

1. A Hitherto Undescribed Symptom of Paralysis of the Palate. (Alteration of speech in an Erect and Lying Position). H. SCHLESINGER.
2. A Peculiar Form of Amaurotic Family Idiocy. W. SPIELMYER.
3. A Contribution to the Etiology of Tay-Sachs' Disease. W. STERLING.

1. *Paralysis of the Palate.*—Schlesinger has observed that when such a patient is in a horizontal position there is no disturbance of speech, but when in an erect position the disturbance is quite marked.

2. *Amaurotic Family Idiocy.*—The author describes a peculiar family disease which has some resemblance to amaurotic family idiocy only in the fact that the disease occurs in families and that optic atrophy occurs. In a family of four children only the eldest escaped. The disease in all began about the sixth year, with psychic alterations and epileptic attacks, and ended with retinal and optic atrophy. They all died at the age of puberty. The examination showed intense alterations of the ganglion cells.

3. *Tay-Sacks' Amaurotic Family Idiocy.*—Sterling records an additional case with necropsy. From the sixth month psychic changes were observed. The author believes that the disease is due to a defect of development of the nervous system. He gives in order the cases with necropsy reported in the literature. He fails to give credit, however, to the recent case reported with necropsy by Spiller.

(Vol. 25, No. 3, Feb. 1, 1906).

1. Concerning the Measuring of the Brain Volume. V. BECHTEREW.
2. A Case of Fracture of the Base of the Skull, with Rare Nerve Palsies. Contribution to the Psysiology of the Ninth, Tenth and Eleventh Cranial Nerves. R. BALINT.
3. Necrosis Paralysis of the Crural and Obturator Nerve. S. KLEMPERER.
4. Small Motor Epilepsy. V. PLAVRE.

1. *Brain Volume.*—The author describes a method for measuring brain volume.

2. *Fracture of the Base.*—Balint records a very interesting case in which, as a result of a fracture, there resulted a paralysis of the ninth, tenth and eleventh cranial nerves. As a result of the paralysis of the ninth there was disturbance of taste in the posterior portion of the tongue. Because of paralysis of the vagus, there was loss of sensation in all parts of the pharynx and larynx, besides motor weakness of the stomach and intestines. The heart and lungs were not in any way altered in function. Because of the involvement of the eleventh nerve, some involvement of the sterno-mastoid, and total involvement of the trapezius. The author argues therefore that the trapezius is wholly supplied by the accessories and the sterno-mastoid partially. It was a singular fact that there was no displacement of position as a result of this paralysis.

3. *Necrosis Paralysis.*—By forcible flexion and abduction of the thighs during a gynecological operation lasting over three hours there resulted a paralysis of the crural and obturator nerves.

4. Continued article.

(Vol. 25, No. 4, Feb. 15, 1906.)

1. Concerning the Material Changes in Association Development. GOLDSCHEIDER.
2. Syphilis and Dementia Paralytica in Bosnia. NÄCKE.
3. Small Motor Epilepsy. PLAVEC.

1. *Association Development.*—Article not suited for abstracting.

2. *Syphilis and Dementia.*—In an interesting article the author calls attention to the fact that in some countries, as in Bosnia, in which syphilis is very common, tabes and general paralysis are not. This interesting fact has been long known. In Japan and China, for instance, where syphilis is very common, neither tabes nor paresis is a common finding, although in recent years since the introduction of modern civilization and its invariable higher intellectual strife, these diseases have increased. It would argue that the increase of intelligence and mental effort had a direct bearing on these diseases, which is in fact so. The nature of the syphilitic virus, according to Näcke, is only a contributory, not a necessary cause. He inclines to the view that there may be a specific and congenital tendency necessary also for the development of these diseases.

3. *Motor Epilepsy.*—Continued article.

(Vol. 25, No. 5, March 1, 1906.)

1. Concerning Changes in Structure of the Ganglion Cells and Their Associations in the Central Nervous System in a Case of Congenital Cerebellar Atrophy. STRÄUSSLER.
2. The Hypnotic Proponal. KALISCHER.
3. Small Motor Epilepsy. PLAVEC.

1. *Changes in Ganglion Cells, Etc.*—Article not suited for abstracting.

2. *Hypnotic Proponal.*—Article not suited for abstracting.

3. *Small Motor Epilepsy.*—Plavec means by this term attacks which consist in a local spasm without disturbance of consciousness and without aura. It is difficult to differentiate them from hysteria, reflex spasms and those due to cortical lesions, known as partial motor epilepsy. Some authors speak in this sense of the occurrence of "tic" with epilepsy, others of abortive epilepsy or of motor equivalents. Binswanger believes that there may be besides, true epilepsy "tics." Féré believes that these, however, are of epileptic nature. Cases are quoted in which "tics" even for a long time thought to be such were finally shown to be epilepsies. (Féré, Binswanger, Sims and Bernhardt.) The diagnosis of small motor epilepsy is difficult, partly because of the occurrence of so-called myoklonia which occurs in 5 per cent. of the cases of epilepsy. Some regard these as accidental, others as part of the epilepsy. According to Féré the myoklonias may be limited to only a few muscles, and differentiated from tic only by the fact that in the former neighboring muscles are involved. He suggests that paroxysmal myoklonia may be of epileptic origin. Aura in idiopathic

epilepsy is not as common as that due to organic and reflex causes. As to time of attack, idiopathic epilepsy may occur at night, tic and hysterical attacks never. Reflex epilepsy may occur at night, but there must be for this an organic cause. Jacksonian attacks may also occur at night. Féré and Binswanger believe that idiopathic epilepsy may be due to an organic origin, and that Jacksonian attacks may be only part of idiopathic attacks. Jacksonian attacks do not come on as often at night as idiopathic attacks. Larrailhe collected from the literature 133 attacks of cortical epilepsy in 61 patients. Of these, 76 attacks occurred by day, 14 by night, and 43 in indifferent times. Féré states that in Jacksonian (cortical) epilepsy the patient is always awakened, so he is compelled to live his whole attack, whereas in idiopathic epilepsy the patient is awakened from sleep in those attacks, which, during the day, would cause him to lose consciousness. Small motor epilepsy may involve in its spasms not necessarily antagonistic muscles, but may cause intentional movements, as rotary tic, tic de salaam, conjugate deviation of the eyeballs, etc. An important symptom is the more or less paralysis of parts after an attack. These occur most often after the cortical and organic cases, but cases are on record in which after reflex and idiopathic attacks this occurred. The paresis may be overlooked, as it may last only a few minutes, at times an attack may manifest itself as a temporary weakness, and this may occur without loss of consciousness. (Binswanger and Gowers.) More often than after the attack weakness may be observed during the spasm. (Cases quoted of Kjelmann and Siebert.) Epileptic weakness may be in the form of sensory changes, diminution of visual fields. In a case of Féré's diminution of fields was for green only. This may occur also as an aura. Disturbances of sensation for touch may also occur. Vaso-motor disturbances may occur in attacks. Binswanger believes that irritation of vaso-motor centers is a constant attribute of abortive epilepsy as the motor symptom. Also disturbances of secretion (salivation and sweating) can occur simultaneously. Psychic disturbances may occur in epilepsy in a paroxysmal manner. The differential diagnosis between abortive epilepsy in which no loss of censciousness is apparent and other attacks of epilepsy and hysteria is almost impossible, unless in the former loss of conscousness is made apparent. The author gives the history of a case in which a boy at eleven years of age had what was considered a tic, but five years afterward had abortive epilepsy and then genuine epileptic attacks.

(Vol. 25, No. 6, March 16, 1906.)

1. A Contribution to the Question of Tabes-Paresis-Syphilis. Hübner.
2. Is There Autogenetic Regeneration of Nerve Fibers? Münzer and Fischer.
3. Autogenetic Nerve Regeneration. Raimann.
4. Contribution to the Diagnosis of Cysticercus Ventriculi Quarti. Osterwald.

1. *Tabes-Paresis-Syphilis.*—Hübner investigated the histories of a large number of prostitutes and came to the conclusion that tabes and paresis occur more often in this class than any other, also that miscarriages are more apt to occur in persons suffering from this disease, and gives the history of two families in which only those infected with syphilis developed tabes and paresis.

2 and 3. *Autogenetic Nerve Regeneration.*—Raimann, directly after Bethe's original contribution, attempted to confirm Bethe's work, only to find opposite results. Bethe in his later work confirmed with a mass of what seemed indisputable evidence his former conclusions. The authors again took up the question and in a series of experiments on lower animals by Bethe's method found that there was regeneration in those cases only in which the central and peripheral stumps united, opposing the autogenetic theory. Münzer severely criticizes Bethe's views.

5. *Cysticercus Venticuli Ouarti.*—Cysticerci occur more often in the fourth ventricle than in other localities. The author gives two additional

cases in which the diagnosis was made during life and confirmed by necropsy.

(Vol. 25, No. 7, April 1, 1906.)

1. A Reflex Phenomenon Made Apparent by Plantar Flexion of the Foot and Toes in a Case of Disease of the Central Motor Neurone. BECHTEREW.
2. Schäfer's Antagonistic Reflex. LASAREW.
3. The Dual Foot Reflex. MENDEL.
4. Experimental Research in the Anatomy and Physiology of the Posterior Spinal Roots. Preliminary Communication. KOPCZYNSKI.
5. The Development of the Microcephalic Skull. VOGT.

1. *A Reflex Phenomenon.*—Bechterew describes another reflex which he considers indicates disease of the central motor neurone. By forcible plantar flexing of the foot and toes there is an immediate dorsal flexion of the foot and toes. In great spasticity there is also a flexion of the knee and hip joint.

2. *Schafer's Antagonistic Reflex.*—In 1899, Schäfer described a new reflex which was obtained by pinching the tendon of the gastro cnemius muscle, and obtaining extension of the toes. He considered it an antagonistic and paradoxical reflex. He investigates further and concludes that it is obtained in any disease of the motor neurones, and that it is a modifiction of the Babinski.

3. *The Dual Foot Reflex.*—Mendel reassents his belief that the reflex he first described in 1904 is of distinct value. It is obtained by percussing the dorsum of the foot, there resulting a dorsal flexion of all toes. In motor diseases plantar flexion of the toes is obtained and extension of large toe.

4. *Posterior Spinal Roots.*—In a very important work the author gives his conclusions only. He cut the posterior spinal roots in four apes, of the types of the *Macacus Rheus,* and killed them at the expiration of thirty days. In his physiological conclusions he agrees in the main with other investigators. In the hand distribution the first dorsal root is of the most importance. Cutting all the roots supplying the limb produced only temporary motor paresis and ataxia, and considerable flaccidity and atrophy of the muscles.

(Vol. 25, No. 8, April 16, 1906.)

1. Casuistic Contribution to the Knowledge of Sensory Ataxia. GOLDSCHEIDER.
2. A Contribution to Our Knowledge of the Perception of Optic Impressions in Alcoholic Psychoses, Especially in Korsakoff's Psychosis. GREGOR and ROEMER.

1. *Sensory Ataxia.*—A man of forty-four years, of alcoholic history, developed paresthesia of the right lower limb. He had considerable weakness, no disturbance of ordinary sensation, but much ataxia and loss of the sense of position. There was no pain on pressure over the nerve trunks, and no loss of the tendon reflexes. Later there was loss of the patellar jerk and some atrophy. In a short time the symptoms of ataxia and loss of sense of position disappeared and the patient became well. The author regards it as a case of polyneuritis of alcoholic origin.

2. *Perception of Optic Impressions.*—Article not suited for abstracting.

WEISENBURG (Philadelphia).

Revue de Psychiatrie et de Psychologie Expérimentale

(January, 1906.)

1. Work in the Treatment of the Insane. DR. MARIE.
2. Observation of a Microcephalic. DR. DAMAYE.

1. *Work in the Treatment of the Insane.*—A strong plea for the value of argricultural pursuits in the treatment of insanity, and a recommendation that steps be taken to increase the facilities for this kind of work in asylums in the department of the Seine.

2. *Microcephaly.*—The findings in a case of microcephalic imbecility. The patient was thirty-five years of age, with the mental development of